



CDBG-DR INFRASTRUCTURE LOCAL MATCH PROGRAM



QUESTIONS? COMMENTS?

CHAT

- Please submit any technical issues via Zoom Chat box
- Send messages directly to Host (Keva Muller)
- Host will work with you directly to resolve any issues

QUESTIONS / COMMENTS

- Can also be submitted via Chat box
- Send to Host or directly to specific Presenter



OBJECTIVE

To educate and inform Sub-Grantees (Applicants) about the Local Match program, its participants, what is required, and the processes.



PRESENTERS

Keva Muller, Communications Manager	(VIHFA)
Mario Leonard, DR Infrastructure Senior Manager	(VIHFA)
Sue Southon, Senior Technical Specialist	(ICF)
Bonnilyn Thomas, Compliance Manager	(ODR)
Denise Rhymer, Legal Counsel-DR	(VIHFA)
Kyora Veira, Environmental Manager	(VIHFA)
Terrence Hammons, Technical Support	(CFACTS)
William Rotert, Technical Support	(CFACTS)
Monifa Evans, DR Accountant	(VIHFA)



AGENDA

- Welcome / General Info
- Overview of CDBG-DR FEMA match Program
- Overview of CDBG-DR Program Requirements
- ODR and VITEMA-PA Roles & Responsibilities
- VITEMA Sub Recipient Agreement /
- Procurement
- Environmental Review
- Davis Bacon / Section 3
- Match Application Process/ Project Eligibility/
- Application
- Payment Processing

Keva Muller, Communications Manager

Mario Leonard, Sr. Program Manager

Sue Southon, ICF

Bonnilyn Thomas, ODR

Denise Rhymer, Legal Counsel

Kyora Viera, Environmental Manager

Terrance Hammons / William Rotert, CFACTS

Mario Leonard, Sr. Program Manager

Monifa Evans, DR Accountant





FEMA /
DISASTERS



Hurricanes Irma and Maria had a devastating impact on the U. S. Virgin Islands, resulting in \$10.76 billion in total estimated damages.

- 85% of households damaged
- 95% of Territory without power
- 90% without connectivity
- Airport and port closures
- Healthcare Facilities in need of reconstruction
- Repairs needed for almost all public schools



CDBG-DR PROGRAM OVERVIEW

The two back-to-back **Category 5** storms in September 2017—Hurricanes Irma and Maria—caused **significant destruction** to **housing, infrastructure, and the economy**.

HUD's **Community Development Block Grant Disaster Recovery (CDBG-DR)** provides funding for **unmet needs after** Federal Emergency Management Agency (FEMA) funds, insurance, and other federal or private **sources are accounted for**, with a focus on the needs of low- and moderate-income residents and businesses.

This money is managed by the **U.S. Virgin Islands Housing Finance Authority (VIHFA)** and spending is **prioritized in programs designed through** the U.S Virgin Islands Community Development Block Grant Disaster Recovery **Action Plan**. This **plan proposes** a portfolio of **programs to address unmet housing, public service, infrastructure, and economic needs**.

CDBG-DR funds are intended by HUD to address:

- **Unmet needs** in housing, infrastructure, and economic revitalization from the 2017 hurricanes.
- **Mitigation** activities to protect the Territory from the damage of future events.



LOCAL MATCH (INFRASTRUCTURE)

LOCAL MATCH FOR FEDERAL DISASTER - \$417,750,000

Tranche 1: \$21,741,337

Tranche 2: \$345,099,223
Tranche 2A: \$50,909,440

For most federal programs, there is a requirement for local government participation. The non-federal cost share is designed to meet that need.



HUD - LOCAL SHARE

SECTOR		Revised Allocation Tranche 1	Revised Allocation Tranche 2	Tranche 2A	Total
Infrastructure	Non-Federal Share (Match) for Disaster Recovery	\$ 21,741,337	\$ 345,099,223	\$ 50,909,440	\$ 417,750,000
	Infrastructure Repair and Resilience	\$ 22,984,200	\$ 37,765,800		\$ 60,750,000
	Electrical Power Systems Enhancement and Improvement	\$ 95,903,330	\$ -		\$ 95,903,330



SUB-GRANTEE CATEGORIES

GOVERNMENT AGENCIES

AUTONOMOUS AGENCIES

NON-PROFITS

A Sub-Grantee (Applicant) is an entity that is provided CDBG-DR funds by VIHFA for their use in carrying out agreed-upon, eligible activities including autonomous and semi-autonomous governmental agencies, other governmental agencies and non-profit organizations. Sub-Grantees are not Developers or Contractors.

- Local Match applicants receive funding through FEMA (Federal Share) and local match through CDBG-DR Funds
- Applicants must demonstrate existence of unmet need





AGENCY ROOM



CDBG-DR PROGRAM REQUIREMENTS



CDBG-DR PROGRAM OVERVIEW

VIHFA is the
Grantee for the
CDBG-DR
program which
is governed by:

HUD Regulations:
24 CFR Part 570

2 CFR Part 200

Federal Register Notices
- for waivers and
alternative requirements



CDBG-DR PROGRAM OVERVIEW

CDBG-DR Eligibility:

- Meet a national objective (LMI, Urgent Need, Slum & blight elimination)
- Be an eligible activity under CDBG-DR (not always the same as FEMA)
- Have a tie back to the disaster



CDBG-DR PROGRAM OVERVIEW

CDBG - DR Compliance:

- Undertake a Duplication of Benefits analysis (Stafford Act)
- Undertake environmental review (Part 58, can adopt FEMA's ER)
- Comply with all procurement requirements 2 CFR 200.318-326
 - Free and open competition
 - Cost analysis in advance of bid
- Comply with Section 3 requirements (including specific contract language in all procurement documents and all construction-related contracts)
- Must comply with Labor Standards/ Davis Bacon (including certified payrolls and wage determination in advance of procurement)



CDBG-DR PROGRAM OVERVIEW

All CDBG-DR funded activities MUST comply with the following (continued):

- Meet MBE/DBE/WBE requirements
- Meet Uniform Relocation Act requirements (if applicable)
- Incorporate required provisions in ALL contracts:
 - Period of performance
 - Performance benchmarks/metrics
 - Liquidated damages clause

Projects must meet ALL of these requirements to be eligible for match!



LOW-MODERATE INCOME BENEFIT

- 70% of CDBG-DR funding must benefit low and moderate income. This is not a requirement for FEMA funds.
- This requirement can be satisfied in one of three ways:
 - Individuals = LMI
 - Area benefit = LMA
 - Housing = LMH
 - Job creation or retention = LMJ





AGENCY ROLES FOR CDBG-DR



U.S. Virgin Islands OFFICE OF DISASTER RECOVERY



V · I · P · F · A
VIRGIN ISLANDS PUBLIC FINANCE AUTHORITY



Adrienne L. Williams-Octalien
Director

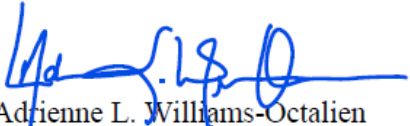
ODR's Role in Disaster Recovery

- ▶ **Project Development & Obligation**
 - ▶ Ensure Funding is Obligated and Sufficient
- ▶ **Project Execution**
 - ▶ Ensure solicitations are issued and scope of work developed as soon as possible
- ▶ **Drawdown Funds**
 - ▶ Ensure agencies prioritize the drawdown of available funding and submit documentation timely
- ▶ **Address Challenges**
 - ▶ Engage Federal Partners



GAR MEMORANDUM: 006-2020

TO: Government Department & Semi-Autonomous Agency Heads
Private & Non-Profit Organization Leaders
Procurement Managers


FROM: Adrienne L. Williams-Octalien
Director, Office of Disaster Recovery
Governor's Authorized Representative (GAR)

DATE: May 21, 2020

RE: Disaster Recovery Solicitations

This Memorandum serves to outline procedures for the review and approval of all solicitations for services of government departments and semi-autonomous agencies or non-profit organizations utilizing FEMA Public Assistance and Hazard Mitigation, Federal Highway Administration Emergency Relief (FHWA-ER), Community Development Block Grant-Disaster Recovery (CDBG-DR) and any other federal funding source for recovery projects.

All government departments, semi-autonomous agencies, and non-profit organizations should advise the Office of Disaster Recovery (ODR) of the intent to issue solicitations utilizing recovery funding. Before submitting solicitations for advertisement on any advertising platform (website, newspaper etc.), the solicitation must be submitted to the ODR for review to ensure compliance with funding program programmatic requirements.

The procedure is as follows:

The procedure is as follows:

1. Notify the ODR of intent to prepare a solicitation as soon as funds have been identified and submit final draft of the solicitation for review to info@usviodr.com.

Subject: Solicitation Intent-Agency Name/Project/PW

2. The ODR will provide feedback on the draft solicitation and any necessary technical assistance within 5 business days.
3. Once approved by the Department of Property & Procurement or your respective procurement department, submit the finalized ad to info@usviodr.com.

Subject: FINAL Solicitation-Agency Name/Project/Solicitation Number

4. In addition to your advertisement of the solicitation, ODR will place the solicitation on www.usviodr.com and other applicable platforms to assist in the procurement of qualified respondents. This also champions the territory's efforts to be transparent and promote competitive bidding.

ODR continues to applaud our local and federal partners as we navigate the dynamic systems necessary to ensure that the territory's recovery is conducted and completed within the parameters of all federal guidelines and systems.

Agency Oversight

	ODR	VITEMA- PA	Agency	VIHFA
Draft Scope of Work			√	
Draft RFP, IFB			√	
Review Procurement Documents	√			√
Document Solicitation			√	
Conduct Cost Analysis			√	
Select Contractor (Evaluation of Responses)			√	
Verify Contractor (SAMs)			√	
Contract Compliance Review		√		√
Submit Reimbursement Requests			√	
Review Reimbursement Submissions & Documentation		√		√

Public Assistance (PA) Checklist Review

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- ▶ The VITEMA-PA Procurement Document Request Checklist requires the Sub-recipient to provide the following information:
 - Draft Contract
 - Supporting Documentation
 - RFP / Solicitation
 - Scope of Work
 - Cost / Price Reasonableness Analysis
 - RFP Responses
 - Evidence Bidder is in Good Standing
 - Other Relevant Information
 - Contact Information



VITEMA SUBRECIPIENT AGREEMENT & PROCUREMENT



SUBRECIPIENT AGREEMENT (SA)

(SA-DR(VITEMA)-002-2020)

(<https://cdbgdr.vihfa.gov>)

VIHFA / VITEMA

- ▶ Outlines respective roles and responsibilities of each agency
- ▶ VITEMA: Administers the FEMA federal funds (Appendix H)
- ▶ VIHFA: Administers the CDBG-DR funds (10% Match)

Subgrantees

- ▶ Match Application (Appendix D)
- ▶ Payment Requirements (Appendix E)
- ▶ Monthly Performance Report (Appendix F)
- ▶ Records Requirements (Appendix G)
- ▶ Notice of Approval (Appendix I)
- ▶ Budget (Paragraph 4 pg. 7 of SA)
- ▶ Labor Standards (Paragraph 10 pg. 11 of SA)
- ▶ Liquidated Damages (Paragraph 16 pg. 13 of SA)



PROCUREMENT STANDARDS

“The Storybook”

(Paragraph 9, pg. 10 of SA)

- ▶ Existing procurement policies
- ▶ RFP package issued
- ▶ Documentation regarding posting of the RFP
- ▶ Internal independent cost estimate
- ▶ Evaluation criteria
- ▶ Copies of responses to the RFP
- ▶ Names of evaluation team
- ▶ Evaluation and scoring records
- ▶ Letters of Award and Non-Award
- ▶ Contract with pricing information/penalty
- ▶ Addenda/extensions issued and supporting cost estimates
- ▶ Copies of correspondence with bidders



Importance of Procurement

- ▶ Funding is **at risk of de-obligation and repayment** if procurements are not compliant with applicable laws and regulations
- ▶ Area of interest during HUD and HUD Office of Inspector General audits
- ▶ There has been a history of procurements that do not meet the required standards and have resulted in recommendation of de-obligation of funds
- ▶ Subject to additional rules and regulations as a result of federal funding, which may require additional procedures and documentation



CROSS-CUTTING FEDERAL REQUIREMENTS



HUD RIDER - Must be included in all VITEMA Subgrantee Agreements

Cross Cutting Requirements

- Environmental Review
- Flood Insurance
- Davis Bacon Labor Standards
- Section 3
- FFATA (*Federal Funding Accountability and Transparency Act*)
- Procurement
- Lead Based Paint
- Fair Housing
- Relocation & Acquisition
- Accessibility
- Equal Opportunity



NEPA - ENVIRONMENTAL

Overview

An environmental review must be performed before any funds, regardless of source, are committed to a project.

Documentation of the environmental review should be maintained in the environmental review record. This record contains the description of all activities that are part of the project and an evaluation of the effects of the project on the human environment and vice versa.



NEPA - ENVIRONMENTAL

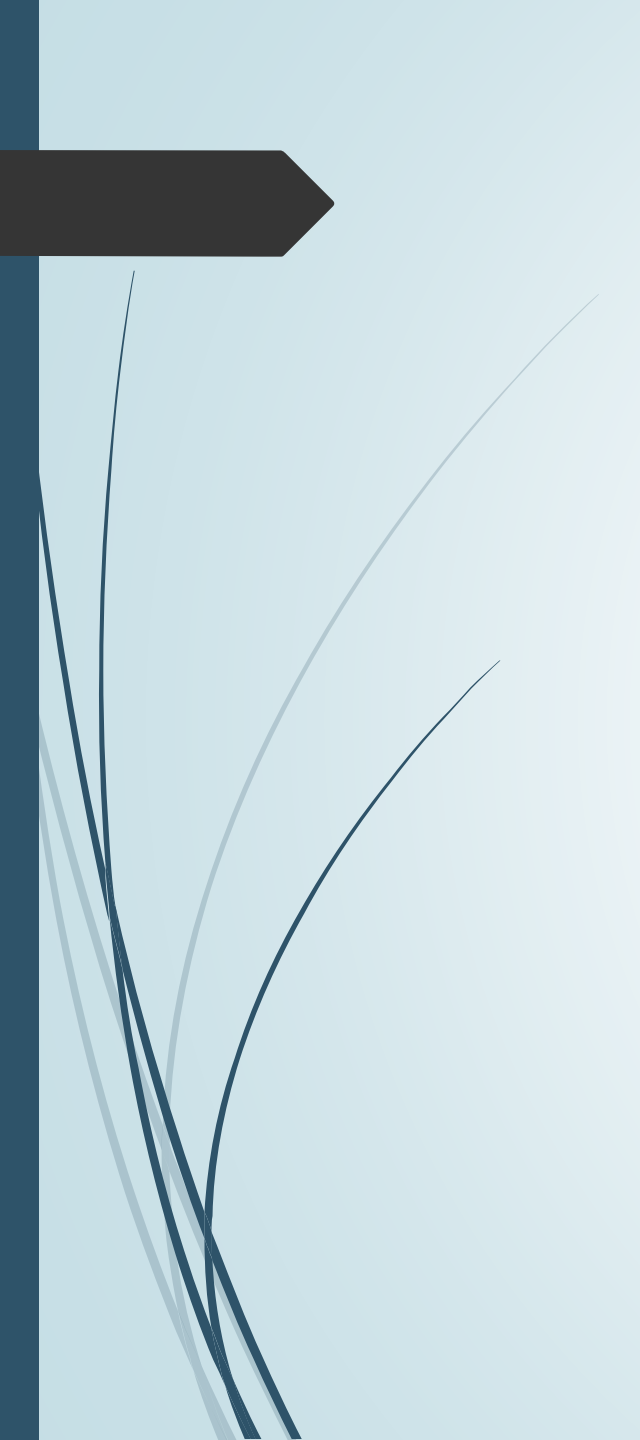
[FR-6066-N-01]

Federal Register / Vol. 83, No. 28 /
Friday, February 9, 2018 / Notices

Adoption of another agency's environmental review. In accordance with the Appropriations Act, grant recipients of Federal funds that use such funds to supplement Federal assistance provided under sections 402, 403, 404, 406, 407, or 502 of the Stafford Act may adopt, without review or public comment, any environmental review, approval, or permit performed by a Federal agency, and such adoption shall satisfy the responsibilities of the recipient with respect to such environmental review, approval, or permit that is required by the HCD Act.

The grant recipient must notify HUD in writing of its decision to adopt another agency's environmental review. The grant recipient must retain a copy of the review in the grantee's environmental records.





VIHFA Subrecipient Orientation

Crosscutting Federal Requirements

Hosted by Corporate F.A.C.T.S. Inc.
Terrance Hammons / William Rotert

Crosscutting Federal Requirements

Goal: Provide Overview of Two Key Federal Rules. We Are **Not** Trying to Make You an Expert on All of These Requirements.



Crosscutting Federal Requirements



- **Key Federal Crosscutting Rules**
 - Labor Standards (Davis-Bacon)
 - Project Area Hiring (Section 3)

Crosscutting Federal Requirements



Do These Rules Apply to Me?

- Labor Standards (Davis-Bacon)
 - **Yes** If Construction Contract of More than \$2,000
 - **No** If No Construction or Residential Rehab of Structures with Less than 8 Units
- Project Area Hiring (Section 3)
 - **Yes** If **Grantee** Uses More than \$200,000 in Housing Construction, Demolition, Rehabilitation or Public Construction
 - **Yes** If Contractor Spends More than \$100,000 in Construction

Crosscutting Federal Requirements



- Reminders
 - If You are a Subrecipient, All Federal Rules Apply to You Because You Are an Extension of the Grantee
 - You Must Obtain Latest Wage Rates, Include Them in All Covered Contracts, Monitor to Assure Compliance and Report to VIHFA.

Crosscutting Federal Requirements

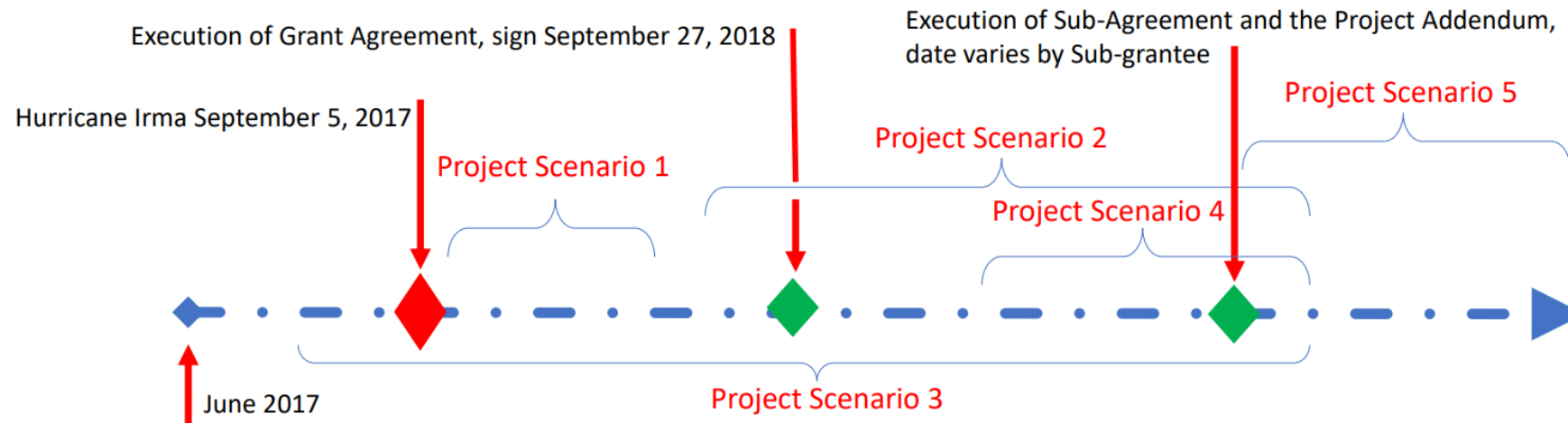


- Labor Standards
 - Three Key Federal Laws
 - Davis-Bacon Act
 - Applies to Construction Contracts of \$2,000 or More (SF Housing Rehab Excluded)
 - Payment of Prevailing Federal Wage Rates
 - Copeland Anti-Kickback Act
 - Workers Paid Weekly
 - Only Permissible Salary Deductions (No Contractor Kickbacks)
 - Maintain & Submit Payrolls for Review & Restitution If Necessary
 - Contract Hours & Safety Standards Act
 - Applies to Contracts Over \$100,000
 - Requires Overtime Pay

DAVIS BACON

Triggered for infrastructure construction projects with value greater than \$2,000 and housing projects with more than 8 units

9/27/18 Date applies to other Relevant Federal Regulations



Project Scenario	Description of project scenario (Match)	Davis Bacon and Related Acts
1	An activity started and was completed prior to the execution of the Grant Agreement.	Davis Bacon does not apply (Exempt)
2	An activity started prior to the execution of the DR Grant Agreement and continue beyond 9/27/2018	Davis Bacon Applies
3	Contractor is on retainer from prior to the disaster, work was completed after the execution of the Grant Agreement; or work is still on going	Davis Bacon Applies
4	An activity started after the execution of the Grant Agreement and was completed prior to the execution of VITEMA MOU/Sub-recipient Agreement.	Davis Bacon Applies
5	An activity started upon issuance of the Notice to Proceed	Davis Bacon Applies





Crosscutting Federal
Requirements



OUTREACH

- Section 3
 - Ensure Employment Opportunities to “Greatest Extent Feasible” for Local Area Residents and Businesses (Vicinity Hiring)
 - Not Race or Gender Specific
 - Not Entitlement or Override of Federal Procurement Rules
 - Not Optional. It Is the Law.
 - Requires Affirmative Outreach



Crosscutting Federal Requirements



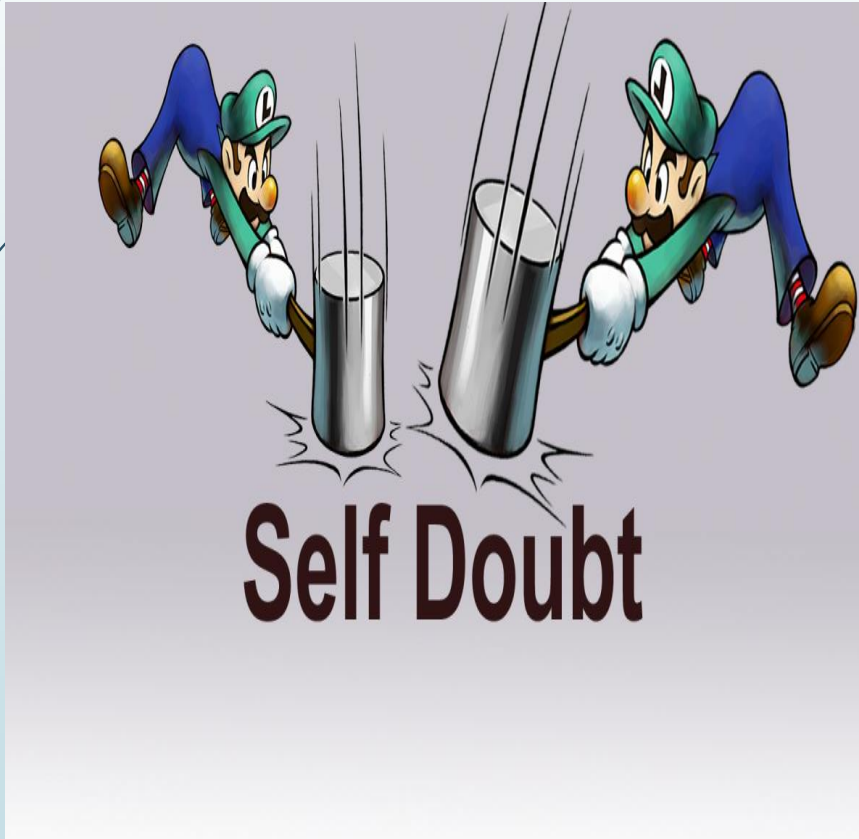
- Section 3
 - Section 3 Resident
 - Public Housing Resident or Resident of Metro Area/Non-Metro County and Is Lower-Income
 - Residents Can Self-Certify
 - Section 3 Business
 - 51% or More Owned by Section 3 Residents or 30% of Staff Are Section 3 Residents
 - Can Self-Certify

Crosscutting Federal Requirements



- Goals (Safe Harbor)
 - Annual Reporting to HUD
 - Employment
 - 30% of New Hires
 - Contracting
 - 10% of Total of All Covered Contracts

Crosscutting Federal Requirements



- Am I in Compliance with All These Rules?!
- Check Your Contract or Subrecipient Agreement, Especially the Scope of Services and Any Performance Measures
- Do a Self-Review Using the HUD CPD Monitoring Handbook
 - https://www.hud.gov/program_offices/administration/hudclips/handbooks/cpd/6509.2

Crosscutting Federal Requirements

For Additional Information,
Contact:

- Terrance Hammons
 - Corporate FACTS
 - 901-691-1672
- HUD Exchange
 - [Welcome to HUD Exchange - HUD Exchange](#)





AGENCY ROOM



THE MATCH APPLICATION PROCESS



MATCH APPLICATION PROCESS

LOCAL MATCH APPLICATION

REQUIRED DOCUMENTS

	SUPPORTING DOCUMENTATION
1	FINANCIAL SUMMARY
2	INVOICES / PAYMENT REQUEST FORM
3	PROCUREMENT (RFP, CONTRACT)
4	SECTION 3 WORKPLAN & RELATED INFORMATION
5	DAVIS BACON WEEKLY PAYROLL (FORM WH347)
6	OTHER AS APPLICABLE

PRE APPLICATIONS
LIST OF OBLIGATED PROPECTS
LIST OF NON-OBLIGATED PROJECTS

APPLICATION
MATCH APPLICATION
HUD RIDER
FEMA PROJECT WORKSHEET
FEMA ENVIRONMENTAL RECORD
DUPLICATION OF BENEFITS

PRE-APPLICATION: OBLIGATED PROJECTS

DESCRIPTION

[illegible]

SUMMARY TOTALS

TO BE SUBMITTED IN EXCEL FORMAT

PRE-APPLICATION: NON-OBLIGATED PROJECTS

DESCRIPTION

[illegible]

SUMMARY TOTALS

TO BE SUBMITTED IN EXCEL FORMAT

MATCH APPLICATION PROCESS

GENERAL INSTRUCTIONS

GENERAL DESCRIPTION FORM INSTRUCTIONS

Mark the appropriate box at the top of the form to indicate whether this is the original application or an amended application. An amended application must be submitted each time there is a change to the project. Please enter the amendment number that corresponds to each change. (ex: *First change to the original application would be Amended Application #1*)

1. In the **Applicant Name** box indicate the entity's name (ex: *Virgin Islands Housing Finance Authority*), the person in the applicant's office to be contacted regarding this application, address, phone numbers of the entity requesting funds and contact person, and e-mail address of contact person.
2. In the **Project Name** box indicate the name of the project (ex: *Building of Low/Med Rental Units*).
3. In the **Architectural/Engineering Firm** box indicate the name, address, phone number and e-mail address of the architectural/engineering firm for this project if one was hired by the applicant.
4. In the **Environmental Firm** box indicate the name, address, phone number and e-mail address of the environmental firm for this project if one was hired by the applicant.
5. **Obligated Projects Only.** Enter information for the FEMA obligated project which is under administration by the Virgin Islands Territorial Emergency Management Agency (VITEMA). Unobligated projects will not be considered. Submit one project per application. Please submit one project per application.
6. **Project Description.** Provide a concise description of the project for which you are requesting funds. The description should tell the entire story of the proposed project that will enable VIHFA to make a sound decision on the eligibility of the project. Please respond to as many questions as possible that pertain to the proposed project in this section. If the question does not apply to the project, please enter "N/A".
7. **a. Eligibility.** Please note that HUD funded projects must have a Tie to the Disaster, be an Eligible Activity and meet a National Objective (see below).
b. Eligible Activities. Select the appropriate eligible activity that your proposed project will fall under. Most CDBG-DR appropriations require funds to be used for necessary expenses for activities related to disaster relief, long-term recovery, restoration of infrastructure and housing, and economic revitalization in the most impacted and distressed areas. The activity must be CDBG eligible or allowed via a waiver, address a disaster-related impact in a Presidentially declared county, and meet a national objective. Disaster related activities are those that demonstrate (1) a logical connection to the disaster, and (2) how the activity will contribute to long-term recovery. *Note: Grantees must determine what documentation is sufficient and reasonable to show how activities respond to a disaster-related impact.*
c. In the National Objective box indicate which national objective will be addressed by the project.
d. Environmental Requirements. Please note that HUD funded project must ALL go through an environmental review, however, according to 40320 Federal Register Vol. 83, No. 157 dated Tuesday, August 14, 2018 titled Allocations, Common Application, Waivers, and Alternative Requirements for Community Development Block Grant Disaster Recovery Grantees: *Adoption of another agency's environmental is allowed without review or public comment performed by a Federal agency, and such adoption shall satisfy the responsibilities of the recipient with respect to such environmental review, approval, or permit that is required by the HCD Act.*
8. **CDBG-DR and Federal Cross Cutting Requirements** – Applicants are advised that all projects that are CDBG-DR funded are subject to Federal cross cutting requirements. Federal cross cutting requirements are provided in Appendix A and each page must be initialed to acknowledge receipt. VIHFA staff will provide technical assistance as requested.

Note: The applicant's **Organizational Head** must sign and date the completed application and the project budget to signify approval. Type the **Organizational Head's** name and title in the appropriate boxes. A signature signifies the approval by the Organizational Head.

MATCH APPLICATION PROCESS

AGENCY NAME

PROJECT WORKSHEET
(PW) NUMBER

Virgin Islands Housing Finance Authority
Community Development Block Grant –
Disaster Recovery (CDBG-DR) Program



CDBG-DR
Local Match for Federal Disaster
Application Form

Agency Name:	
PW Number:	
Obligated Date:	
Application Date:	

Community Development Block Grant – Disaster Recovery Office
3438 Kroyprindens Gade
GERS Complex, 1st Floor
St. Thomas, VI 00802
Phone (340) 777-4432

100 Lagoon Complex, Suite 4
Frederiksted, VI 00840
Phone (340) 772-4432

Version 1.1
September 4, 2020

FEMA OBLIGATED DATE

APPLICATION DATE

MATCH APPLICATION PROCESS

1. In the **Applicant Name** box indicate the entity's name (ex: *Virgin Islands Housing Finance Authority*), the person in the applicant's office to be contacted regarding this application, address, phone numbers of the entity requesting funds and contact person, and e-mail address of contact person.

3. In the **Architectural/Engineering Firm** box indicate the name, address, phone number and e-mail address of the architectural/engineering firm for this project if one was hired by the applicant. projects will not be considered. Submit one project per application. Please submit one project per application.

General Description Form

Place a check mark in the appropriate box: ☐ Original Application ☐ Amended Application # _____

1. Applicant Name, Contact Person's/Project Manager's Name, Address, Phone Number, and E-mail Address:							
2. Project Name:							
3. Name, Address, Phone Number and Email Address of Architectural/Engineering Firm: (if applicable)				4. Name, Address, Phone Number and Email Address of Environmental Firm: (if applicable)			
				Date of ERR: (if applicable)			
5. FOR OBLIGATED PROJECTS ONLY: Please provide the current information below for the project that you are requesting the 10% Local Share.							
PW#	FEMA Category	100% Project Cost (\$)	90% Federal Share (\$)	10% Local Share (\$)	FEMA Payments to Date (\$)	# of Completed Requests	Current Status
*Current status includes: Completed (the PW is complete, but FEMA payments are pending); FEMA Close-Out (FEMA has fully paid its 90% share and project is complete); Pending (PW is not complete; if so, please include the % completion to date); or state another status not listed above.							
Date of Completion:		For pending projects, please indicate the estimated date of completion:					


2. In the **Project Name** box indicate the name of the project (ex: *Building of Low/Mod Rental Units*)

4. In the **Environmental Firm** box indicate the name, address, phone number and e-mail address of the environmental firm for this project if one was hired by the applicant.

5. **Obligated Projects Only.** Enter information for the FEMA obligated project which is under administration by the Virgin Islands Territorial Emergency Management Agency (VITEMA). Unobligated projects will not be considered. Submit one project per application. Please submit one project per application.

MATCH APPLICATION PROCESS

6 a/b Project Description. Provide a concise description of the project for which you are requesting funds. The description should tell the entire story of the proposed project that will enable VIHFA to make a sound decision on the eligibility of the project. Please respond to as many questions as possible that pertains to the proposed project in this section. If the question does not apply to the project, please enter “N/A”.



6. Project Description <i>(Answer the questions below.)</i>	
a.	Based on the Damage Description and Dimensions (DDD) and Scope of Work (SOW) in the Project Worksheet, describe the proposed project to be funded with CDBG-DR funds. This section should include the project timeline. Note: This information should not deviate from the FEMA Scope of Work.
b.	Describe the physical boundaries of the target area(s) in relation to the beneficiaries of the project. Please include coordinates and census tract information.

Organizational Head Initials _____ VIHFA Initials _____ Page | 3

This information should not deviate from the FEMA Scope of Work.

MATCH APPLICATION PROCESS

7. Eligibility.

HUD funded projects must have a **a.Tie to the Disaster**, be an **Eligible Activity** and meet a **National Objective** (see below).

c. In the National Objective box indicate which national objective will be addressed by the project.

a.Tie to the Disaster,

7. Eligibility: HUD allows Sub-recipients to use CDBG-DR fund to address the Local Cost Share but requires that the funded project must have a TIE TO THE DISASTER and meet at least one additional HUD ELIGIBLE ACTIVITY and NATIONAL OBJECTIVE .
a. Tie to the Disaster: Please provide a brief description of the Project's Tie to the Disaster

MATCH APPLICATION PROCESS

b. Eligible Activities.

Select the appropriate eligible activity that your proposed project will fall under.

Most CDBG-DR appropriations require funds to be used for necessary expenses for activities related to disaster relief, long-term recovery, restoration of infrastructure and housing, and economic revitalization in the most impacted and distressed areas.

The activity must be CDBG eligible or allowed via a waiver, address a disaster-related impact in a Presidentially declared county, and meet a national objective.

b. Eligible Activities. In order to be eligible for funding, a proposal must include one or more of the activities described in Title 24 Section 570.200 to 570.206 of the Code of Federal Regulations. Select from the listing below the activity this proposed project entails.	
<input checked="" type="checkbox"/> Acquisition of real property 201(a) <input type="checkbox"/> Disposition 201(b) <input type="checkbox"/> Public Facilities and Improvements 201(c) <input type="checkbox"/> Clearance and remediations 201(d) <input type="checkbox"/> Public Services 201(e) <input type="checkbox"/> Interim Assistance 201(f) <input type="checkbox"/> Relocation 201(i) <input type="checkbox"/> Loss of Rental Income 201(j) <input type="checkbox"/> Privately-Owned Utilities 201(l) <input type="checkbox"/> Construction of Housing 201(m) <input type="checkbox"/> Homeownership Assistance 201(n)	<input type="checkbox"/> Special Economic Development Activities 201(o); 203 <input type="checkbox"/> Microenterprise Assistance 201(o) <input type="checkbox"/> Miscellaneous Other Activities 201(g), (h), (k), (p), (q) <input type="checkbox"/> Rehabilitation and Preservation 202(a), (b), (c), (d), (e), (f) <input type="checkbox"/> Planning Activities 205(a) <input type="checkbox"/> General management, oversight and coordination 206(a) <input type="checkbox"/> Public Information 206(b) <input type="checkbox"/> Fair Housing Activities 206(c) <input type="checkbox"/> Indirect Costs 206(e) <input type="checkbox"/> Submission of applications for federal programs 206(f) <input type="checkbox"/> Administrative expenses to facilitate housing 206(g) <input type="checkbox"/> Section 17 of the U.S. Housing Act of 1937 206(h)

Disaster related activities are those that demonstrate

- (1) a logical connection to the disaster, and
- (2) how the activity will contribute to long-term recovery. *Note: Grantees must determine what documentation is sufficient and reasonable to show how activities respond to a disaster-related impact.*

MATCH APPLICATION PROCESS

c. National Objectives to be addressed (check one).

In order to be eligible for CDBG-DR funding, a project must meet at least one of the national objectives outlined in Title 24, Section 570.208 of the Code of Federal Regulations. Select from below the national objective(s) to be met by this project.

c. National Objectives to be addressed (check one).

In order to be eligible for CDBG-DR funding, a project must meet at least one of the national objectives outlined in Title 24, Section 570.208 of the Code of Federal Regulations. Select from below the national objective(s) to be met by this project.

☐ Activities Benefiting Low/Moderate Income Persons.

☐ *Area benefits* to all residents of low to moderate income in a particular area. (**Note:** This selection is applicable only if the project will be located in a neighborhood or census tract where more than 51% of the persons or households qualify as low to moderate income. Please refer to the census maps attached at the end of the application)

☐ *Limited Clientele*. Limited to a specific group of persons and at least 51% of them qualify as low to moderate income.

☐ *Housing activities*. An eligible activity carried out for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by low- and moderate-income households.

☐ *Job creation or retention activities*. An activity designed to create or retain permanent jobs where at least 51 percent of the jobs, computed on a full-time equivalent basis, involve the employment of low- and moderate-income persons.

☐ Prevention/Elimination of Slums or Blight including historic restoration to remove conditions that threaten health and safety. ***Please note that the designation of areas of "slum and blight" must have been established by local law.***

☐ Urgent Need. Activity designed to alleviate existing conditions which pose a serious and immediate threat to the health or welfare of the community which are of recent origin or which recently became urgent, that the subrecipient is unable to finance the activity on its own, and that other sources of funding are not available.

☐ None (Planning, Capacity Building, Administrative)

MATCH APPLICATION PROCESS

d. Environmental Requirements.

ALL HUD funded project must go through an environmental review. This was explained earlier by Ms. Viera, Environmental Manager

<p>d. Environmental Requirements. In accordance with the Appropriations Act, grant recipients of Federal funds that use such funds to supplement Federal assistance provided under section 408(c)(4) as well as sections 402, 403, 404, 406, 407 or 502 of the Stafford Act may adopt, without review or public comment, any environmental review, approval, or PROD with NOTICES1 permit performed by a Federal agency, and such adoption shall satisfy the responsibilities of the recipient with respect to such environmental review, approval, or permit that is required by the HCD Act. The grant recipient must notify HUD in writing of its decision to adopt another agency's environmental review. The grant recipient must retain a copy of the review in the grantee's environmental records."</p>	
<p>Was a FEMA environmental completed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy.</p>	

MATCH APPLICATION PROCESS

A FEMA approved EHP Environmental Review must accompany each application

12/18/2019

FEDERAL EMERGENCY MANAGEMENT AGENCY

REC-01

21:29:06

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RECORD OF ENVIRONMENTAL CONSIDERATION (REC)

MATCH APPLICATION PROCESS

8. CDBG-DR and Federal Cross-Cutting Requirements

MOST RELEVANT DURING APPLICATION REVIEW

While an applicant may be subject to all compliance areas, the compliance areas that present the challenges to program recipients in the past and require additional attention to detail include the Federal cross-cutting requirements. For a comprehensive understanding of the CDBG-DR and federal cross-cutting requirements, please refer to Appendix A. VIHFA will provide technical assistance upon request. Failure to comply fully with the CDBG-DR and federal cross-cutting requirements may result in the project being ineligible and/or a recapture of funds. In addition, Contractor/Subcontractor shall comply with the Federal Labor Standards Provisions set forth in Form HUD-4010, available at <https://www.hud.gov/sites/documents/4010.PDF>

Contractor/Subcontractor shall comply with the Federal Labor Standards Provisions set forth in Form HUD-4010, available at https://www.hud.gov/sites/documents/4010.PDF .		
SMALL AND MINORITY FIRMS, WOMEN’S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS 9/27/2018	SECTION 3 OF THE HOUSING AND URBAN DEVELOPMENT ACT OF 1968 9/27/2018	ENVIRONMENTAL REVIEW ALL PROJECTS
DUPLICATION OF BENEFITS ALL PROJECTS	DAVIS-BACON ACT 9/27/2018	UNIFORM RELOCATION ACT 9/27/2018
FLOOD INSURANCE REQUIREMENTS ALL PROJECTS	CHANGE ORDERS TO CONTRACTS ALL PROJECTS	PROCUREMENT ALL PROJECTS

MATCH APPLICATION PROCESS

HUD RIDER				
<u>1. PROVISIONS REQUIRED BY LAW DEEMED INSERTED</u>	<u>11. SECTION 109 OF THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974</u>	<u>32. FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)</u>		<u>42. DRUG FREE WORKPLACE</u>
<u>2. STATUTORY AND REGULATORY COMPLIANCE</u>	<u>13. AGE DISCRIMINATION ACT OF 1975</u>	<u>23. TERMINATION FOR CONVENIENCE</u>	33. PROCUREMENT	<u>43. TIMELY DISTRIBUTION OF FUNDS</u>
<u>3. BREACH OF CONTRACT TERMS</u>	<u>14. DEBARMENT, SUSPENSION, AND INELIGIBILITY</u>	<u>24. SECTION 503 OF THE REHABILITATION ACT OF 1973</u>	<u>44. PROPERTY MANAGEMENT AND DISTRIBUTION</u>	
<u>4. REPORTING REQUIREMENTS</u>	<u>15. CONFLICTS OF INTEREST</u>	25. EXECUTIVE ORDER 11246	<u>12. SECTION 504 OF THE REHABILITATION ACT OF 1973</u>	<u>45. LIMITED ENGLISH PROFICIENCY</u>
<u>5. ACCESS TO RECORDS</u>	16. SUBCONTRACTING	<u>26. CERTIFICATION OF NONSEGREGATED FACILITIES</u>	<u>36. LEAD BASED PAINT</u>	<u>46. PERSONALLY IDENTIFIABLE INFORMATION</u>
<u>6. MAINTENANCE/ RETENTION OF RECORDS</u>	<u>17. ASSIGNABILITY</u>	27. CERTIFICATION OF COMPLIANCE WITH CLEAN AIR AND WATER ACTS	<u>22. TERMINATION FOR CAUSE</u>	
7. SMALL & MINORITY FIRMS – M/WBE	18. INDEMNIFICATION	28. <u>LOBBYING</u>	<u>48. RESIDENTIAL ANTI-DISPLACEMENT AND RELOCATION ASSISTANCE PLAN</u>	
<u>8. RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT</u>		19. <u>COPELAND “ANTI-KICKBACK” ACT</u>	30. BONDING REQUIREMENTS	<u>49. COMPLAINTS AND APPEALS</u>
<u>9. ENERGY EFFICIENCY</u>	20. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT		<u>40. ANTI-FRAUD, WASTE AND ABUSE CHECKS</u>	50. MONITORING
10. TITLE VI OF THE CIVIL RIGHTS ACT OF 1964	21. DAVIS BACON	<u>31. FAIR HOUSING ACT</u>	<u>41. AFFIRMATIVELY FURTHERING FAIR HOUSING</u>	<u>51. PROCUREMENT OF RECOVERED MATERIALS</u>

MATCH APPLICATION PROCESS

9. Integrated Document

This Application, along with Subrecipient Agreement No. _____, and any attachments, constitutes the entire agreement between _____ (Agency), VIHFA and VITEMA (parties) and the parties acknowledge that there are no other agreements, written or oral, that have not been fully set forth in the text of this Agreement.

AS PART OF THE AGREEMENT, ALL APPLICATIONS MUST BE SENT TO VITEMA FOR SUBRECIPIENT APPROVAL AND SIGNATURE BEFORE THEY ARE SENT TO VIHFA FOR HUD REVIEW AND APPROVAL. YOU CAN COPY ME AT mleonard@vihfa.gov at the same time.

Agency shall submit to VIHFA a request for payment based on the approved budget. Payment will be made upon submission by the Agency of a properly executed "Payment Request" form, together with all supporting invoices, receipts, bills, approved time sheets, and other documents necessary to justify the payment.

VIHFA shall pay to (see below) CDBG-DR funds available under this agreement based upon review of the documentation submitted only for eligible and allowable costs permitted under this agreement consistent with the approved budget line items that were actually incurred by Agency and not to exceed actual cash requirements.

___ Payments will be made directly to Agencies' vendor/contractor

___ Payment will be made directly to Agency to be disbursed to Agency's vendor/contractor

Following approval of the application, documents for Request for Payments should be submitted via email to drawrequestcdbgdr@vihfa.gov with a subject line in the following format: Vendor or Subrecipient Name & Amount with a cover sheet addressed to:

Program Senior Manager Name or CDBG-DR Director
Position Title
CDBG-DR Division
VI Housing Finance Authority
3202 ~~Demara~~ Plaza, Suite 200
St. Thomas, VI, 00802

with a certification statement signed by Agency's approving officer identified in Section 1.

VIHFA shall not be obligated to satisfy Agency's payment request seeking advances or reimbursements for costs that are inconsistent with VIHFA's approved Action Plan, federal statutes, regulations including Cost Principles in 2 CFR part 200, subpart E, or the terms, this Match Application, and conditions of the VIHFA's CDBG-DR Federal award, or that would otherwise result in the VIHFA charging improper, unauthorized, or otherwise unallowable costs to its grant Federal award.

MATCH APPLICATION PROCESS

Indicate the total dollar amount of Project Funds expected from each funding source. Round all amounts to the nearest dollar. The TOTAL Funds should equal the total cost and cannot exceed the total FEMA approved project cost.

Directions. General Information. FEDERAL AWARD DESCRIPTION: Enter a brief description of the project.

TOTAL PROJECT COST: Enter the total cost of the project; **FEDERAL SHARE:** Enter the amount of Federal contribution; **LOCAL COST SHARE:** Enter the required local share.

Budget. SUBAWARD: List the items to be paid; **TOTAL PROJECT COST:** Enter the cost per item; **FEDERAL SHARE:** Enter the Federal share; **LOCAL COST SHARE:** Enter the Local Cost Share; **SOURCES:** Enter the source of the funds.

CDBG LOCAL COST SHARE MATCH BUDGET

CDBG-DR LOCAL COST SHARE MATCH BUDGET				
<p>Indicate the total dollar amount of Project Funds expected from each funding source. Round all amounts to the nearest dollar. The TOTAL Funds should equal the total cost and cannot exceed the total FEMA approved project cost. Directions: <i>General Information.</i> FEDERAL AWARD DESCRIPTION: Enter a brief description of the project. TOTAL PROJECT COST: Enter the total cost of the project; FEDERAL SHARE: Enter the amount of Federal contribution; LOCAL COST SHARE: Enter the required local share. <i>Budget.</i> SUBAWARD: List the items to be paid; TOTAL PROJECT COST: Enter the cost per item; FEDERAL SHARE: Enter the Federal share; LOCAL COST SHARE: Enter the Local Cost Share; SOURCES: Enter the source of the funds.</p>				
GENERAL INFORMATION				
PW#:		Sub-Recipient:		Project Name:
Federal Award Description				
Total Project Cost (100%)	\$	Date Obligated:		Category:
Federal Share (90%)	\$			
Local Cost Share (10%)	\$			
Sources of Local Cost Share	Source 1	Source 2	Source 3	Source 4
	CDBG-DR			
BUDGET				
Subaward (Identify the line items in the Scope of work to be paid by source)	Total Project Cost (Federal/Non-Federal (\$))	Federal Share (\$)	Local Cost Share (\$)	Sources
Total Project Costs	\$	\$	\$	

MATCH APPLICATION PROCESS

AUTHORIZATION

In the event that the VIHFA or HUD determines that any funds were expended by the Applicant for unauthorized or ineligible purposes or the expenditures constitute disallowed costs in any other way, then VIHFA or HUD may order repayment of the same. The Applicant shall remit the disallowed amount to VIHFA within thirty (30) days of written notice of the disallowance.

I certify that all information provided as part of this application is true and correct to the best of my knowledge. I agree to substantially abide by the above budget in the utilization of funds. I certify under penalty of perjury that: (1) the information provided in this Community Development Block Grant Disaster Recovery Project application is true and correct as of this date and that any intentional or negligent misrepresentation may result in civil liability, including monetary damages, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; and (2) the property will not be used for any illegal or prohibited purpose or use.

Organizational Head:		
Print Name and Official Title	Signature	Date

Reviewed and Verified by VITEMA Organizational Head:		
Print Name and Official Title	Signature	Date

VIHFA CDBG-DR Use Only		

Reviewed by Environmental:		
Print Name and Official Title	Signature	Date

Reviewed by CDBG-DR Senior Manager:		
Print Name and Official Title	Signature	Date

Reviewed by CDBG-DR Finance Director:		
Print Name and Official Title	Signature	Date

Approved / Rejected by CDBG-DR Director:		
Print Name and Official Title	Signature	Date

Reviewed by CDBG-DR Program Head:		
Print Name and Official Title	Signature	Date

Approved / Rejected by VIHFA Executive Director:		
Print Name and Official Title	Signature	Date

MATCH APPLICATION PROCESS

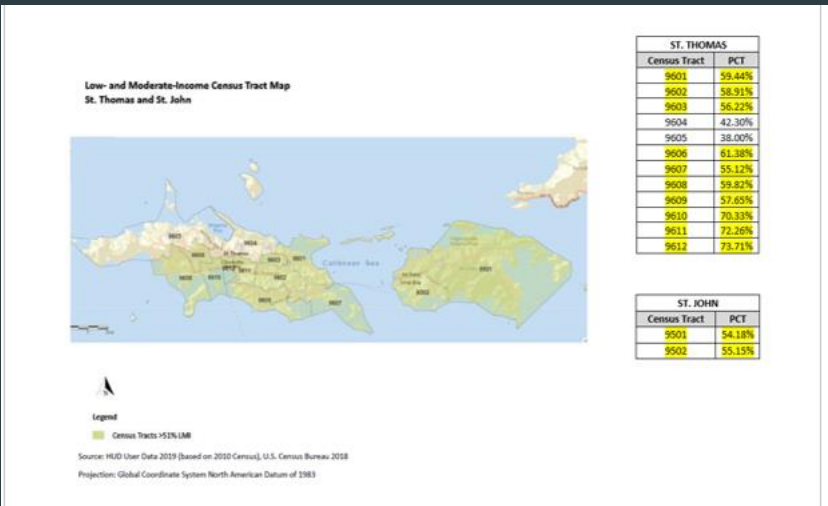
OTHER FUNDS SUPPLEMENTAL DOCUMENTATION

Some projects may cost more than is available under the approved VIHFA action plan programs. The applicant may propose to use other funds in conjunction with the CDBG-DR funds. These other funds must be identified and must be available and ready to spend. If these funds involve loans or grants from other local, federal, or private sources, the monies must have already been awarded. To substantiate the immediate availability of the other funds, one of the following items of supporting documentation will be required:

1. A letter and adopted resolution from the local governing body stating the specific source, amount, and location of local cash;
2. A line of credit letter from a financial institution such as a bank stating the amount available as a loan;
3. Specific evidence of funds to be received from a tax or bond election that has already passed; or
4. A letter from another funding agency stating that the funds have been awarded and are currently available for expenditure.

Note: Attach the supporting documentation to the application.

MATCH APPLICATION PROCESS



ACTIVITY BENEFICIARY FORM INSTRUCTIONS

Objective: The Activity Beneficiary Form reports information for actual beneficiaries of intended CDBG-DR activities.

1. Mark the appropriate checkbox that applies (Grantee or Subrecipient) and enter the name of the Grantee or Subrecipient.
2. Enter the Subrecipient/Project ID assigned by VIHFA CDBG-DR.
3. Enter Activity Name assigned by VIHFA CDBG-DR.

Part I - BENEFICIARY INCOME INFORMATION

- A. Based upon the location of the project, enter the number and percentage of individuals benefiting by income level.
- B. Enter the data source(s) (e.g. HUD American Community Survey, household survey) and any additional information describing how the beneficiaries were determined.

Part II - AREA INFORMATION (if the activity is a direct benefit activity, leave this Part II area blank)

- A. Enter whether the project is target area or communitywide and the census block groups of the project area. Please list each census tract(s) and/or block group(s) that define the area; separating each census tract with a “,”. Please continue on another page, if necessary. This information should be determined using the 2010 Census data attached at the end of this document.
- B. Enter the exact location of the geographical center of the project by identifying the latitude and longitude numbers. This information may have been initially reported on the supplemental information page in the approved project application.

Part III - DIRECT BENEFIT DEMOGRAPHIC INFORMATION (if the activity is an area wide benefit, leave this Part III area blank)

- A. Enter the total individuals who will benefit by racial and ethnicity and by income level. This total for LMI is any person 80% or below the area median income and Non-LMI are 81% or higher of the area median income. The LMI and Non-LMI total should equal the population total in Part I-A.

Race and ethnicity are independent of each other and should be counted separately. For instance, if the activity served 20 White persons, 15 of which are not of Hispanic/Latino ethnicity and 5 of which are of Hispanic/Latino ethnicity, the information to be added into row “A. Race and Ethnicity, 1. White” should be 20 for Total and 5 for Hispanic/Latino”.

- B. Enter female headed households for those LMI (80% or below area median income) and those non-LMI (above 80% area median income).

Project Maps

A map (or maps) that delineate the following items for each target area must be included in the application package:

1. Existing Conditions Map: Provide a detailed map of the existing improvements. The map should delineate such items as the location of project and/or size of waterlines, elevated water tanks, sewer lines, manholes, location of treatment plants, etc.
2. Proposed Improvements Map: Provide a detailed map showing the location of project, sizes, etc. of the proposed improvements.
3. Census tracts and/or block groups (by number) and/or logical record numbers.
4. Location of concentrations of low- and moderate-income persons, showing number and percent by census tracts and/or block groups and/or logical record number.
5. Boundaries of areas in which the activities will be concentrated; and
6. The specific location of each activity.

Note: The Existing Conditions map and the Proposed Improvements map may be combined into one map if all the information shown can be depicted in such a way as to easily determine the difference between the existing and proposed.

MATCH APPLICATION PROCESS

VIHFA COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY ACTIVITY BENEFICIARY FORM

VIHFA COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY ACTIVITY BENEFICIARY FORM				
1. Grantee <input type="checkbox"/> Subrecipient <input type="checkbox"/>		2. Subrecipient/Project ID		
3. Activity Name:				
PART I – BENEFICIARY INCOME INFORMATION				
A. Income Levels		Total	Percentage	
1. Total Number Persons Less than or equal to 50% Area Median Income.				
2. Total Number of Persons Over 50% not greater than 80% Area Median Income.				
3. Total Number of Persons Over 80% Area Median Income.				
Total Population				
A. Source(s) for Determining Beneficiary Data:				
PART II – AREA INFORMATION <i>(Skip Part II if this is a direct benefit project)</i>				
A. Indicate whether the completed project was target area(s) specific or community-wide				
<input type="checkbox"/> Target Area(s) <input type="checkbox"/> Community-Wide				
List Census Tract(s) and/or Block Group(s):				
<div></div>				
<div></div>				
<div></div>				
B. Provide Latitude/Longitude for the project location at or near geographical center:				
Latitude: <div></div>		Longitude: <div></div>		
PART III – DIRECT BENEFIT DEMOGRAPHIC INFORMATION <i>(Skip Part III if this is an area wide benefit project)</i>				
A. Race and Ethnicity		Total		Hispanic/Latino
		LMI	Non-LMI	LMI Non-LMI
1. White				
2. Black/African American				
3. Asian				
4. American Indian/Alaskan Native				
5. Native Hawaiian/Other Pacific Islander				
6. American Indian/Alaskan Native and White				
7. Asian and White				
8. Black/African American and White				
9. American Indian/Alaskan Native and Black/African American				
10. Other multi-racial				
11. Unknown				
Total Persons				
B. Head of Household		LMI		Non-LMI
1. Female-Headed Households				

Organizational Head Initials _____


VIHFA Initials _____

MATCH APPLICATION PROCESS

FINALLY, SO AFTER ALL THAT, YOU’RE ASKING WHEN AND HOW DO WE GET PAID?

FIRST YOU MUST TELL USE WHO IS YOUR DELEGATION OF AUTHORITY. THESE FORMS WILL BE SENT TO YOU ALONG WITH YOUR APPLICATION AND WILL BE LOCATED ON OUR WEBSITE. THIS WILL HELP US TO SET UP YOUR PROJECTS ON DRGR. MS EVANS WILL CONTINUE WITH THE PAYMENT PROCESS.

DELEGATION OF AUTHORITY FORM

VIHFA
Virgin Islands Housing Finance Authority

DELEGATION OF AUTHORITY FORM
FOR IMPLEMENTING CHANGES TO CONTRACT AND SUBMITTAL OF INVOICES
COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RECOVERY

Date:

Agency Name:

Project Agreement No: (if applicable)

Contract No:

By means of this form, the persons identified below may: (a) review, make changes and execute such changes to the contract (Contract No. _____) in an amount and duration not to exceed (dollar amount) and (period of time) respectively, which may not exceed the duration of the current contract; (b) submit invoices for review and approval to the Virgin Islands Housing Finance Authority on behalf of _____, and (c) and other such delegations as may be required. The authority delegated in this document shall not be sub-delegated unless provided for specifically in this letter or a subsequent amendment.

SECTION 1: AUTHORIZED OFFICIALS
Person(s) authorized to discuss, review, make changes and execute such changes on behalf of the company. (If only one individual is identified, kindly put N/A on the other lines).

A. Name: Job Title:

Email address: Phone #: ext.

B. Name: Job Title:

Email address: Phone #: ext.


SECTION 2: IMPLEMENTATION OFFICIALS
Person(s) to contact for the implementation of the program, recruiting and supervising staff and clients, completing monthly reports, evaluating the success of the contract and ensuring program contract requirements/deliverables are met. (If only one individual is identified, kindly put N/A on the other lines).

A. Name: Job Title:

Email address: Phone #: ext.

Form: DOA 09/18/2020

DELEGATION OF AUTHORITY FORM

VIHFA
Virgin Islands Housing Finance Authority

DELEGATION OF AUTHORITY FORM

SECTION 4: GROSS RECEIPT DOCUMENTS OFFICIALS (continued)

C. Name: Job Title:

Email address: Phone #: ext.

SECTION 5: AUTHORIZED SIGNATURES (This is the authorized official in the document. Please sign and agree to the terms of the agreement.)

By signing this form, all parties understand and agree to be bound to the respective contract, legal or subrecipient/project agreement terms, as well as any applicable agency, state and federal rules and regulations.

Print Name: Title:

Approved Signature: Date:

Email Address: Phone #:

SECTION 6: FOR VIHFA INTERNAL USE ONLY

Received by: Date:

Signature:

Position Title:


Entered in: Date:

☐ EMGrantPro
Print Name and Position Title:
Signature:

☐ SAP Business One
Print Name and Position Title:
Signature:

Form: DOA 09/18/2020

DELEGATION OF AUTHORITY FORM

VIHFA
Virgin Islands Housing Finance Authority

DELEGATION OF AUTHORITY FORM

SECTION 2: IMPLEMENTATION OFFICIALS (Continued)

B. Name: Job Title:

Email address: Phone #: ext.

SECTION 3: INVOICE SUBMISSION OFFICIALS
Person(s) authorized to submit invoices for review and approval (maximum of three persons). Only individuals identified in this section will be granted access to VIHFA's EMGrantPro grant management system via a system access process from the EMGrantPro system administrator. They will receive an email directly upon initiation.

Method to submit invoices: ☐ Mail ☐ Email to finance@vihfa.gov ☐ EMGrantPro

Based on the frequency and type of goods or services procured, the EMGrantPro option may be the only option available for your agency and you will be notified as such.

A. Name: Job Title:

Email address: Phone #: ext.

B. Name: Job Title:

Email address: Phone #: ext.

C. Name: Job Title:

Email address: Phone #: ext.

SECTION 4: GROSS RECEIPT DOCUMENTS OFFICIALS
On a monthly basis, VIHFA will also provide proof of payment for Gross Receipt Taxes withheld and paid to the Government of the Virgin Islands on behalf of the vendor, if applicable, in compliance with VI Title 23. Please identify the individuals within your organization to whom this information should be emailed (maximum of three persons).

A. Name: Job Title:

Email address: Phone #: ext.

B. Name: Job Title:

Email address: Phone #: ext.

Form: DOA 09/18/2020



AGENCY ROOM



THE PAYMENT PROCESS



PAYMENTS

Request Types

1. Reimbursement to Sub-Grantees (Applicants)

- ☐ All Applicants are eligible for this request type
- ☐ Requires proof of prior payment to include copies of bank statements

2. Funds to Applicants to make vendor payments

- ☐ Based on Capacity Assessment (Low risk determination)

3. Direct vendor payment request

- ☐ Based on Capacity Assessment (Medium to high-risk determination)

4. Payroll cost reimbursement

- ☐ All Applicants are eligible for this request type if cost was budgeted and approved in project budget Note: Only one type should be on each request and MUST be accompanied by certified timesheets.

PAYMENTS

Forms Required

After Notice to
Proceed is Issued

- Vendor Set Up Form
 - ❑ Needed for the Sub-Grantees (Applicants) and for each vendor to whom direct payments will be made
 - ❑ Applicants and vendors require a DUNS# and NAICS Code #
 - ❑ Evidence that a SAMS check has been performed (print page, date and sign)
 - ❑ For any changes, a new Vendor Set Up Form is required, indicating the information that needs to be changed
 - ❑ Must show approval by an authorized individual identified in Match and Project agreements
- IRS W-9 Form or equivalent (Needed yearly)

Required
with
Payment
Request

- Payment Request Coversheet (Required on each submission)
- Payment Request Form (Required on each submission)

Submit to : drawrequestcdbgdr@vihfa.gov



PAYMENTS

VENDOR SETUP / CHANGE REQUEST FORM



Page 1 of 3

Date: *Subrecipients Request Only:*

Check One: ☐ New Agency Name:
☐ Change Request Project Agreement No:

Indicate reason for change below: Contract No:

SECTION 1: BUSINESS INFORMATION

Business Name:

Employer Identification Number (EIN): Check box if 1099 eligible: ☐

DUNS Number:

Please attach a copy of IRS Form W-9 or its equivalent to this request if not already on file. A new W-9 Form should be submitted by January 30 of each calendar year. Also provide a copy of your current business license.

Pay to Address:

Payee Name:

Payment Address:

City/State/Zip:

Contact Name:

Position/Title:

Email:

Phone Number: Fax Number:

Physical Address:

VENDOR SETUP / CHANGE REQUEST FORM



Page 2 of 3

☐ Check box if Ship to Address is the same as Payment Address above. If no, please below:

Ship to Address:

Ship to Name:

Ship to Address:

City/State/Zip:

☐ Check box if Correspondence address is the same as payment address above? If no, please below:

Correspondence Mailing Address:

Contact Name:

Position/Title:

Address:

City/State/Zip:

Email:

Phone Number: Fax Number:

SECTION 2: PAYMENT TYPE

Select Payment Type Preference:

☐ Check
☐ Electronic Payment Transfer / Wire Transfer (If this method is selected, please provide information on next page.)

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Form (Rev. December 2011) Department of the Treasury Internal Revenue Service	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	
Print or type See Specific Instructions on page 2.	City, state, and ZIP code	Requester's name and address (optional)
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number										
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer identification number										
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
	<input type="text"/>	<input type="text"/>

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.



PAYMENTS

PLACE ON COMPANY LETTERHEAD

PAYMENT REQUEST COVER SHEET

For

COMMUNITY DEVELOPMENT BLOCK GRANT-DIASTER RECOVERY

1. Date:
2. **From:**
Approving Officer Name
Title
Company Name
Address
City, State, Zip Code
Phone Number, ext.
Email Address
3. **To:**
Program Manager Name
Title
Company Name
Address
City, State, Zip Code
Phone Number, ext.
Email address
4. **Select:** ☐ New Submission or ☐ Re-Submission
(Original Submission date was:)
5. **For Subrecipients Cost Only:**
(Costs incurred by a Subrecipient being submitted to the Virgin Islands Housing Finance Authority (VIHFA) as a Request for Payment to reimburse the Subrecipient or to pay the Subrecipient's contractors or vendors directly). *(If it's a request for reimbursement (cost already paid by the subrecipient) then cancelled checks or a payment confirmation via bank statements must be included with supporting documents) (Only one type should be included with a payment request and attached to a cover sheet.)*
- a. **Request Area:** ☐ Housing ☐ Infrastructure ☐ Economic Revitalization ☐ Planning
- b. **Request Type:**
☐ Payroll Reimbursement (Costs incurred for staff time (may include pay and fringe) that are supported with payroll records.)
☐ Subrecipient's Direct Vendor Payments (Determined based on Capacity Assessment of high to medium risk)
Note: For subrecipients for which VIHFA is paying all vendors directly, please include a vendor set up form for any new vendor included in this payment request and proof that the vendor has been checked through Sams.gov. Failure to do as such will delay processing.
☐ Funds to Subrecipient Request (Determined based on a Capacity Assessment with low risk)
☐ Subrecipient Reimbursement (proof of prior payment is required)
- c. **Subrecipient Agreement No.** _____
Project Agreement No. _____

- d. Is this the: ☐ First Payment ☐ Interim Payment ☐ Final Payment Request?
- e. **Request No.:** _____
- f. **Total Request Amount:** _____
- g. Does the request include an equipment purchase (prior approval would have been granted from VIHFA)? ☐ Yes ☐ No If yes, a copy of the asset purchase form should be included.

6. **For Vendors/Contractors Cost Only:**
(These costs are incurred only through Contracted Services and supported by invoices not associated with subrecipients' agreements)

- a. Request Type: ☐ Housing ☐ Infrastructure ☐ Administrative
- b. Contract No. _____ or Purchase Ord _____
- c. Is this the ☐ First Payment ☐ Interim Payment
- d. Invoice No: _____ or Request No: _____
- e. Invoice Amount: _____

7. CERTIFICATION STATEMENT:

I, _____
(Authorized Official Signature as identified in Agreement/Contract)

Hereby certifies that: in connection with this payment request Agreement by and between VIHFA and Subrecipient, or contract is true, complete and accurate and the expenditures, disbursements objectives set forth in the terms and conditions of the Subrecipient's knowledge, the funds requested do not duplicate any other source; (c) the amount requested was/will be expended permissible under the terms of the Subrecipient agreement or grant now due and has not been previously paid; (e) expenditures bill actual amounts incurred and paid to the employee(s); (f) Timely suppliers from the proceeds of the payment covered by this certificate of funds and proof of such payments shall be provided to VIHFA of the funds; (g) the amount requested herein does not exceed the funds are requested for immediate disbursement(s). The Subrecipient and supplied all necessary supporting documentation for the attestation of the Federal False Claims Act (31 U.S. Code §3729), true and accurate and not knowingly presented to make a government.

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Telephone (340) 777-4432 • Fax (340) 775-7913

COMMUNITY DEVELOPMENT BLOCK GRANT-DIASTER RECOVERY



VIHFA

PAYMENT REQUEST FORM

FORM: CDBGDR-PR-5-21-19

SECTION 1: SUBRECIPIENT INFORMATION	
Subrecipient:	
Contact Person:	
Address:	
Telephone:	Fax:
Email:	
DUNS #:	

SECTION 2: GRANT AWARD INFORMATION	
Grant Number:	B-17-DM-78-0001 / B-18-DM-78-0001
Contract Number:	
Award Period:	
Date of Request:	
Request Number:	

SECTION 3: BUDGET SUMMARY	
Approved CDBG-DR Budget	
Total Program Income Received	\$ -
Total Funds Available	\$ -
Total Funds Disbursed To Date	\$ -
Remaining Award Amount	\$ -

SECTION 4: PROGRAM (Select One)	
<input type="checkbox"/> Housing	
<input type="checkbox"/> Infrastructure	
<input type="checkbox"/> Economic Revitalization	
<input type="checkbox"/> Planning	

Please add additional lines or categories below based on the approved budget in your Project Agreement.

SECTION 5: DRAWDOWN REQUEST	Budgeted Amount	Previously Requested	Current Request	Requested To Date	Remaining Balance
Budget Category					
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -

SECTION 6: DESCRIPTION OF EXPENDITURES OR SERVICES	

under any other contract agreement or grant; (b) the amount requested will be expended for allowable costs / expenditures under the terms of the contract agreement or grant; (c) the amount requested herein does not exceed the total funds obligated by contract; and (d) the funds are requested for only immediate disbursements. I hereby certify that the goods sold and/or services rendered have been delivered and/or performed in good order within the time listed above and are in compliance with all statutory requirements and regulations. I certify that this request does not include any advances or funds for future obligations.

Authorized Official Signature _____ Date _____

SECTION 8:	SECTION 9:
For Subrecipient Use Only:	For VIHFA Office Use Only:

Prepared By: (Print) _____ I hereby certify that this request is proper for payment in accordance with the agreement.

Title: _____ CDBG-DR Program Manager: _____ Date: _____

Signature: _____ Signature: _____

Date: _____ CDBG-DR Program Senior Manger: _____ Date: _____

Signature: _____

CDBG-DR Director: _____ Date: _____

Signature: _____



Q & A



RESOURCES

Community Development Block Grant Program

<https://www.vihfa.gov/programs/federal-programs/community-development-block-grant-program>

Action Plan

<https://cdbgdr.vihfa.gov/library/action-plan/>

Infrastructure Program

<https://cdbgdr.vihfa.gov/programs/infrastructure/>



PRESENTER CONTACT INFO

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